AFGHANISTAN'S HEALTH SECTOR IN CRISIS

The impact of war on health falls under 4 D's:

- **DEATH**
- **DISABILITY**
- **DISEASE AND**
- **DAMAGE**

A quick glance of the available trends in health and environment, health resources, health services and the health status of the population shows an extremely unacceptable situation in Afghanistan. Today's knowledge in medical science and technology suggest that these diseases and disability can easily be prevented or cured at an **affordable cost.**

Some of the hard facts on trends in health status and environment:

- It is estimated that **over 16,300 women die, each year** for pregnancy related causes alone, mainly due to unsafe delivery practices. In Afghanistan, 99% of the deliveries take place at home and only about 9% are attended by trained birth attendant.

- It is believed that **around 170,000 children die each year,** before they reach the age of one year. The second highest in the world.

- Around **12,000 persons die from tuberculoses each year**, with an annual infections rate of more than 3%.

- More than **50% of the population in Afghanistan live in malaria endemic areas,** with an annual attack rate of 3-4 episodes, thus contributing to over **3Million cases a year**

- Safe drinking water is available to only **20 % of the population** and coverage with **adequate excreta disposal facilities to less than 3%.** The combination of inadequate water and sanitation contribute to over 50% of the disease burden of children of under five years age.

HEALTH INFRASTRUCTURE & RESOURCES:

- Most health facilities have been either destroyed or severely damaged. The existing ones function with reduced delivery capacity due to shortage of manpower and inadequate supplies and equipment.

- Being a service providing institution, the health sector is labour intensive. The existing health personal receive no salaries, hence contributing further decline of morale and consequently a decline in quantity and the quality of the service they provide.

- **Over 97% of the current expenses of the health sector are coming from the international community, as government resources are not available at present. We are concerned of this situation, however, the immediate need from live saving interventions will have to be met(in the short term) form external resources; i.e. DONORS, if we have to avert further catastrophe.**

OPPORTUNITIES AND CHALLENGES:

1. There is growing counterpart capacity and an emerging regional health structure in all major regions of Afghanistan, who could deal(with appropriate financial support) with the local health problems in their area.

2. Decentralized management of the health system seems to be taking roots in the regions, thus laying the ground for a long term recovery and development process with involvement of the local communities and authorities.

3. **Over 260 districts are now providing a minimum package of primary health care services, including immunization**. The challenge remains on how these services are going to be maintained in the absence of resources from national government. **DONOR SUPPORT IS ESSENTIAL TO KEEP THESE SERVICES GOING**

4. The medical training institutions(universities and intermediate) have remained open despite all the years of turmoil. However the quality of the cadres they produce is of great concern to us, since the health sector has to depend these personnel for its rehabilitation and development. The need to **INVEST IN HUMAN RESOURCE DEVELOPMENT FOR HEALTH CANNOT BE OVEREMPHASIZED.**

Vaccine preventable diseases in Afghanistan

The World Health Assembly committed the World Health Organization to achieving the goal of global eradication of poliomyelitis by the year 2000. The national immunization coverage in Afghanistan **never rose above 40%,** marking it one of the lowest in the world. **Cross border as well as distant international transmission of the polio virus remains two of the highest hurdles in the race to eradicate polio globally by 2000.**

WHO maintains a reference bank of the molecular structure of known viruses allowing the geographical origin of new isolate to be traced.

In the last two years, genetic "fingerprinting" studies suggest that the virus from Afghanistan found its way to Albania, Greece, Iran, The former Yugoslavia and the Russian Federation - countries that have virtually eradicated or about to eradicate it.

"Polio can spread rapidly, particularly in border areas where immunization service is poor and population movement frequent.

1. **Objectives of the program:**

   - Eradication of polio, elimination of neo-natal tetanus and reduction of other vaccine preventable childhood diseases.
   - Further expansion and strengthening of EPI service delivery.

2. **Implementation strategies:** Three strategies are being followed to immunize the children in Afghanistan:

   - *Static EPI Centers*: At the moment in 260 districts out of 330 districts in Afghanistan have got at least one fixed immunization center.
   - *Out-reach teams*: Operate from some of the fixed centers in rural areas. The coverage in 1995 is as follows:

BCG	OPV/DPT-3	Measles
31%	41%	56%

   - *Mass Immunization Campaigns/National Immunization Days (against polio)*: In line with the global effort to eradicate polio and to increase coverage against measles, diphtheria, pertusis and neo-

natal tetanus mass immunization campaign was conducted in 1994, 1995 and 1996. Coverage during MIC 1996 is shown below:

Rounds	OPV	Measles	TT
First	87%	0%	78%
Second	82%	68%	72%

1997 National Immunization Days (NIDs) against polio in Afghanistan.

Objectives:

- To reach 90% of children of under five years of age with two supplementary doses of OPV.

- To forge days of peace and tranquillity during NIDs.

Target Population and target areas:

- 3.9 millions children of under five years of age,

- All 330 districts.

Budget requirement:

• Oral Polio Vaccine:	US$ 890,000
• Cold chain equipment	US$ 10,000
• Training, ,orientation, TLM, stationery, social mobilization materials	US$ 291,200
• Operational cost (incentives, transport for supplies and monitoring, etc.)	US$ 308,800
Total:	US$ 1,500,000

MALARIA IN AFGHANISTAN

	BEFORE THE WAR	AT PRESENT
ANNUAL INCIDENCE	80,000	3 - 4 MILLION
LETHAL P.FALCIPARUM	1 %	20 - 30 %
NO OF MALARIA CENTERS	334 CENTERS	33 CENTERS
VECTOR CONTROL ACTIVITIES	SPRAYING, LARVICIDAL AND LARVIVOROUS ACTIVITIES	IMPREGNATED BED NETS IS THE ONLY VIABLE METHOD
CHLOROQUINE RESISTANCE	NONEXISTENT	50% OF TOTAL CASES IN AFGHAN REFUGEES CAMPS
SURVEILLANCE SYSTEM	EXCELLENT	VERY WEAK

- MORE THAN 6 MILLION ARE LIVING IN HIGHLY ENDEMIC REGIONS AND OTHER 5 MILLION ARE LIVING IN ENDEMIC REGIONS
- ONLY 29 % OF TOTAL POPULATION HAVE ACCESS TO HEALTH SERVICES
- AT PRESENT NO HOSPITAL IN AFGHANISTAN IS FULLY EQUIPPED TO PROPERLY MANAGE SEVERE AND COMPLICATED MALARIA CASES
- MORTALITY RATE DUE TO MALARIA IN SOME REGIONS REACHED 12 %
- PREGNANT WOMEN AND CHILDREN ARE THE GROUPS AT HIGH RISK OF MALARIA
- MALARIA IS RESPONSIBLE FOR CONSIDERABLE PORTION OF MATERNAL AND CHILDHOOD DEATHS, ABORTION, LOW BIRTH WEIGHT, AND ANAEMIA (WITH EACH FEBRILE ATTACK OF MALARIA THE PATIENT LOSES 5,000 KILO CALORIE WHICH IS EQUIVALENT TO SOME 2 DAYS OF FOOD FOR AN ADULT)

WHO PLAN

- TO ASSIST THE INTEGRATION OF MALARIA CONTROL PROGRAMME WITH THE GENERAL HEALTH SERVICES AND BUILD AND STRENGTHEN THE DELIVERY CAPACITIES OF THESE SERVICES FOR EARLY DETECTION AND PROMPT TREATMENT OF MALARIA IN CLOSE COLLABORATION WITH ALL HEALTH PROVIDERS (MOPH AND NGOs)
- TO CONDUCT TRAINING PROGRAMS FOR DIFFERENT HEALTH WORKERS AND ENHANCE HEALTH EDUCATION PROGRAMMES
- TO GENERALIZE THE USE OF BEDNETS AND REVIVE LARVIVOROUS GAMBUSIA FISH ACTIVITIES IN RICE CULTIVATION AREAS
- TO ASSIST THE ESTABLISHMENT OF A SUSTAINABLE HEALTH INFORMATION SYSTEM AND DRUG RESISTANCE MECHANISM.

REQUIREMENTS:

- IT IS ESTIMATED THAT US$ 1,006,000 WILL BE REQUIRED THIS YEAR TO COVER AT-LEAST 40% OF THE POPULATION IN HIGH ENDEMIC AREAS.

Disabilities in Afghanistan: 1,500,000 - 2,500,000

Due to continuous threat of mines and un-exploded ordnance, the number of disabled people is increasing. The types of disabilities most often observed are those of limb amputations, polio, etc.

Land-mines injuries in Afghanistan:

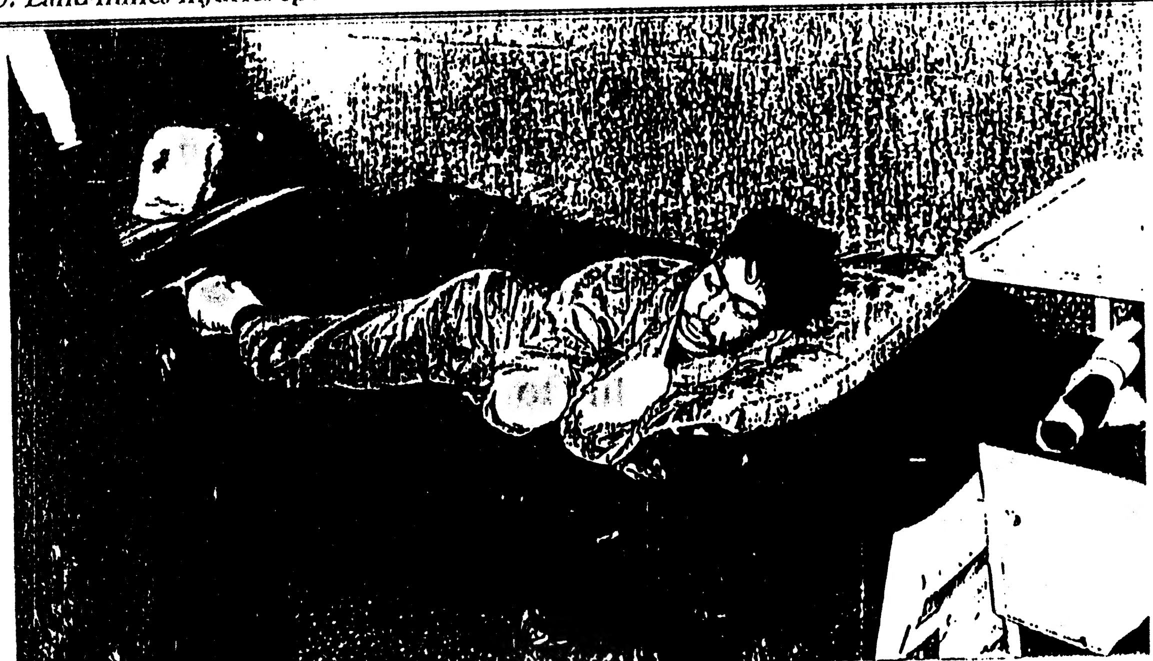
1. Land-mines kills an average of 4,000 persons every year in Afghanistan

2. Land-mines disables over 10,000 persons every year.

3. Land-mines and unexploded ordinance in Afghanistan is estimated around 10 million.

4. Land-mines injuries makes 22% of the total hospital admission in some regions.

5. Land-mines injuries spend more than 35% of the hospital resources in some provinces.





TB CONTROL IN AFGHANISTAN

Epidemiological Data

- **TB is one of the major health problems in Afghanistan with the following epidemiological data:**

- Total number of active TB cases, needing treatment...**117,000.**

- **Estimated yearly tuberculosis mortality .....12,000.**

- More than **75%** of all the TB cases belong to the young adult age-groups, with the obvious negative effect on productivity.

- Around **70%** of the TB cases are females with the obvious additional risk of infection for the children under their care.

The TB situation is made extremely worse by the continuous movement of a big number of refugees.

CONSTRAINTS

- **Severe shortage of financial resources.**

- Poor work performance of the TB staff due to very poor government salaries, if any.

- Weakness of the monitoring activity of the regional TB coordinators due to lack of logistic facilities and to low level staff motivation.

Required Fund:

The required financial resources for the implementation of the TB programme in 1997 are as follows:

Anti-TB drugs and diagnostic facilities	US$	365,000.
Cost of transportation of supplies	US$	30,000.
Short-term consultant	US$	81,000.
Local training	US$	9,000.
Local cost	US$	5,000.
Incentives to TB personnel	US$	82,800.
TOTAL	US$	572,800.

BRIEF NOTE ON THE HEALTH SECTOR OF AFGHANISTAN

DONOR MEETING
FEBRUARY, 1997.

WORLD HEALTH ORGANIZATION

OFFICE FOR AFGHANISTAN

FEBRUARY, 1997